Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Helen Celestine	11 29 2014
Mailing Address 38346 Quinn Rd	Amount
City.	40.00
City State Zip Code Pearl River LA 70452	40.00 Transaction ID : 76d92404-97b4-4195-b
	Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 29 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Helen Celestine	11 29 2014
Mailing Address 38346 Quinn Rd	29 2014
	Amount
City State Zip Code	13.50
Pearl River LA 70452	Transaction ID: 8c2be4d2-c21b-4b45-9 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y
Mileage Outgety 002 Type 002	11 29 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	ursement For: Primary X General
Per Election for Office Sought 495621.84 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	53.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not mounth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M / D D / Y = Y = Y
[Electronically Filed] Date Signature	2 01 2014
Olgitation -	

Schedule E)	ENDENT EXPEND	TOTILS	PAGE 2 OF 34 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Vomen Speak Out PAC C c00530766							
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination				
Mailing Address 212 Stonecliff Dr			11 29 2014 Amount				
City	State	Zip Code	35.00				
West Monro	LA	71291	Transaction ID : 285fde78-aa23-4653-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	11 29 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	4	95621.84	Disbursement For: Primary				
Full Name of Payee			Date of Public Distribution/Dissemination				
Carla K Pilgreen			11 29 2014				
Mailing Address 212 Stonecliff Dr			Amount				
City	State	Zip Code	7.80				
West Monro	LA	71291	Transaction ID: b4df43bc-2592-4a1e-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	11 / 29 / Y 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		X Oppose	President State: LA				
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	495621.84	Disbursement For: Primary				
(a) SUBTOTAL of Itemized Independent	Expenditures		42.80				
(b) SUBTOTAL of Uniternized Independe	nt Expenditures						
(a) action is a comment of the comme			7 7 7				
(c) TOTAL Independent Expenditures			>				
	any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	12 01 2014				
-							

Schedule E)	EXI END	TOTILO		PAGE 3 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Amanda Boley				of Public Distribution/Dissemination
Mailing Address Split Oak Drive			Amou	11 29 2014 nt
City	State	Zip Code		55.00
charlotte	NC	28227		action ID : cf2eec8e-06b9-44d9-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	4	95621.84	Disbursement 2014 O	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Amanda Boley			M	11 29 2014
Mailing Address Split Oak Drive			Amou	
City	04-4-	Zin Code		20.00
l '	State NC	Zip Code 28227		22.86 action ID: eae82ead-f2ff-44a6-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 29 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	11/19	495621.84	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				77.86
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ago	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 12	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	NDITONES	PAGE 4 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		O
Check if 24-hour report 48-hour report New	report Amends report f	illed on M M M / D D / Y Y Y Y Y
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination
Mailing Address 9425 Jessica Drive		11 29 2014
9425 Jessica Drive		Amount
City State	Zip Code	65.00
Shreveport LA	71106	Transaction ID: 071bb1ce-f8c1-4de5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Gary W Fuhrmann		11 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive		Amount
		Amount
City State	Zip Code	12.00
Shreveport LA	71106	Transaction ID: 78f25e1d-faed-4c62-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 29 / 2014
Name of Federal Candidate	Support O	office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	77.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elec	ctronically Filed] Date	12 01 2014
Signature		

Schedule E)		1101120		PAGE 5 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Francesca Blom			Date of Publ	ic Distribution/Dissemination
Mailing Address 101 Asbury Ct			Amount	29 2014
City	State	Zip Code		90.00
City Winchester	VA	22602		ID: f4ce9ae3-e64e-4a02-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Maegan E McDaniel			Date of Publ	lic Distribution/Dissemination
Mailing Address 3009 Skelly St			Amount	
City	State	Zip Code		60.00
Shreveport	LA	71107		D: 7a4fc72d-3d80-43b6-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	495621.84	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures		>	150.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(c) TOTAL Independent Expenditures			•	492 452
Under penalty of perjury I certify that the indeposition of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	12 01	2014
Signature				

Schedule E)	VI EXI END	ITOTILO		PAGE 6 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Maegan E McDaniel			M = M	c Distribution/Dissemination
Mailing Address 3009 Skelly St			Amount	29 2014
City	State	Zip Code		11.40
Shreveport	LA	71107		ID: 352e910c-953a-4f74-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1 M	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	195621.84	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Bobbie M Steinsholt			Date of Publ	ic Distribution/Dissemination
Mailing Address 3009 Skelly St			11 Amount	29 2014
City	State	Zin Codo		60.00
City Shreveport	LA	Zip Code 71107		D: 98c03951-da24-406e-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	495621.84	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			71.40
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
			-	4
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 01	2014
Jigilataio				

Check if	circulate Ly		FOR SE OF FORM 24/48
Check if 24-hour report 48-hour report New report Amends report filed on Lesley Lennox Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State Zip Code Transaction ID: 7cd7c810-8527-4204 Date of Distribution/Dissemination Category/ Date of Distribution/Dissemination C			FEC IDENTIFICATION NUMBER ▼
Check if 24-hour report	vomen Speak Out PAC		C C00530766
Mailing Address 2305 Cleary Ave	neck if X 24-hour report 48-hour report New report	ort Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 2305 Cleary Ave City State Zip Code Transaction ID : 7cd7c810-a527-42d4 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Support Office Sought: House District: One Per Election for Office Sought A95621.84 Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave Amount City State Zip Code Transaction ID : 7cd7c810-a527-42d4 Date of Disbursement or Obligation President Senate State: United Senate Senate State: United Senate Se			Date of Public Distribution/Dissemination
City State Zip Code Purpose of Expenditure Salary Category/ Type 001 111 2 29 2014 Name of Federal Candidate Support Other (specify) 2014 Malling Address 2305 Cleary Ave Category/ Type 002 111 2 29 2014 Malling Address 2305 Cleary Ave Category/ Type 002 111 2 29 2014 Category/ Type 001 111 2 29 2014 2	, i		
Metairie LA 70001 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Mailing Address 2305 Cleary Ave Category/ Metairie LA 70001 Transaction ID: 7cd7c810-a527-42d4 Date of Disbursement or Obligation President Senate State: Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State Zip Code Metairie Purpose of Expenditure Mileage Category/ Mileage Calendar Year-To-Date Purpose of Expenditure Mileage Calendar Year-To-Date Purpose of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Age Calendar Year-To-Date Per Election for Office Sought Ag	Mailing Address 2305 Cleary Ave		Amount
Metairie LA 70001 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Malling Address 2305 Cleary Ave Category/ Malling Address 2305 Cleary Ave Category/ Mileage Category/ Type Ooffice Sought: House District: Office Sought Amount Disbursement For: Primary Gen 2014 Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID: 7cd7c810-a527-42d4 Date of Disbursement or Obligation President Senate State: Use Category/ Other (specify) ▶ Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave Amount City State Zip Code Purpose of Expenditure Mileage Category/ Mileage Category/ Mileage Category/ Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Age Category/ Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Age Category/ Oppose Disbursement For: Primary Gen 2014 Other (specify) ▶ Category/ Date of Disbursement For: Primary Gen 2014 Other (specify) ▶ Category/ Oppose Disbursement For: Primary Category/ Date of Disbursement For: Primary Gen 2014 Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Age Category/ Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Age Category/ Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Age Category/ Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Age Category/ Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Age Category/ Other (specify) ▶ Category/ Other (specify) ▶	City State	Zip Code	57.50
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City Metairie Category/ Mileage Name of Federal Candidate LA 70001 Purpose of Expenditure Mileage Category/ Ms. Mary L Landrieu Category/ Monoto Category/ Ms. Mary L Landrieu Ms. Mary L Landrieu Category/ Ms. Ms. Ms. Ms. Ms. Landrieu Ms. Ms. Ms. Ms. Landrieu Category/ Ms. Ms. Ms. Ms. Landrieu Ms. Ms. Ms. Landrieu Disbursement For: Primary Ms. Ms. Ms. Landrieu Disbursement For: Pr		·	Transaction ID : 7cd7c810-a527-42d4-9 Date of Disbursement or Obligation
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Category/ Ms. Mary L Landrieu Category/ Ms. Mary L Category/ Ms. Mary L Landrieu Ms. Mary L Landrieu Category/ Ms. Mary L Landrieu Ms. Mary L La			M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Category/ Ms. Mary L Landrieu Support Ms. Mary L Landrieu Support Calendar Year-To-Date Per Election for Office Sought Amount Category/ Type O02 Category/ Type O05 President State: Category/ Type O06 President State: Category/ Type O07 President State: Category/ Type O07 President State: Category/ Type O08 Category/ Type O09 President State: Category/ Type O09 Category/ Type O09 Category/ Type O09 President State: Category/ Type O09 Category/ Type O09 Category/ Type O09 Category/ Type O09 President State: Category/ Type O09	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Category/ Type Category/ Ms. Many L Landrieu Category/ Type Category/ Ms. Many L Landrieu Category/ Type Coppose President Senate State: Category/ Type Category/ Type Category/ Type Category/ Type Coppose Coppose Category/ Type Code Transaction ID : 08c202066-a7d9-4660-4 Date of Disbursement or Obligation Category/ Type Coppose Category/ T	Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Category/ Mileage Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category Ave Calendar Year-To-Date Per Election for Office Sought Category Ave Catego	4.		
Lesley Lennox Mailing Address 2305 Cleary Ave Amount City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Name of Federal Candidate Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. Mailing Address 2305 Cleary Ave Amount Transaction ID : 08c20206-a7d9-4660-date of Disbursement or Obligation Transaction ID : 08c20206-a7d9-4660-date of Date of Disbursement or Obligation Transaction ID : 08c20206-a7d9-4660-date of Date of Disbursement or Obligation Transaction ID : 08c20206-a7d9-4660-date of Date of Disbursement or Obligation Transaction ID : 08c20206-a7d9-4660-date of Date of Disbursement or Obligation Transaction ID : 08c20206-a7d9-4660-date of Date of Date of Disbursement or Obligation Transaction ID : 08c20206-a7d9-4660-date of Date of			
Mailing Address 2305 Cleary Ave Amount City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Transaction ID : 08c20206-a7d9-4660-8 Date of Disbursement or Obligation M 1			M = M / D = D / Y = Y = Y
Metairie LA 70001 Transaction ID: 08c20206-a7d9-4660-6 Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Ap5621.84 Transaction ID: 08c20206-a7d9-4660-6 Date of Disbursement or Obligation M 1	Mailing Address 2305 Cleary Ave		
Purpose of Expenditure Mileage Category/ Type Ou2 M 11 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Ap5621.84 Date of Disbursement or Obligation M 11 Purpose of Expenditure Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary Ger Other (specify) Other (specify) (b) SUBTOTAL of Unitemized Independent Expenditures.	City State	Zip Code	8.40
Purpose of Expenditure Mileage Category/ Type O02 M 11 29 2014 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Appendix Senate Disbursement For: Primary Ger 2014 Other (specify) Other (specify) Other (specify)		70001	Transaction ID: 08c20206-a7d9-4660-8 Date of Disbursement or Obligation
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Support Onice Sought President X Senate State: L. Oppose President X Senate State: L. Other (specify) 65.90			M M / D D / Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: □ Primary □ Gen □ Other (specify) ► (b) SUBTOTAL of Unitemized Independent Expenditures (c) Oppose □ President □ Senate State: □ Primary □ Other (specify) ► (d) SUBTOTAL of Itemized Independent Expenditures (d) SUBTOTAL of Unitemized Independent Expenditures	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought 495621.84 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Mary L Landrieu		
(b) SUBTOTAL of Unitemized Independent Expenditures		495621.84 Disbu 2014	·
	(a) SUBTOTAL of Itemized Independent Expenditures	>	65.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or cond with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	with, or at the request or suggestion of, any candidate or authorized		
Ms. Emily Buchanan [Electronically Filed] Date 12 01 2014		ically Filed] Date 1	
Signature		Date	

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Sche	edule E)	EXI ENDI	101120			AGE 8 OR SE OF FO	OF 34 BM 24/48
	OF COMMITTEE (In Full)					NTIFICATION I	
Woı	men Speak Out PAC				C Co	0530766	
Check	if X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D	YYYY
F	III Name of Payee Francis Richardson			Date	e of Public D	Distribution/Diss	semination 2014
Ma	ailing Address 220 Doucet Rd			Amo	ount		
Ci	ty	State	Zip Code				20.00
	afayette	LA	70503			: 5d4c53f5-54c	
	urpose of Expenditure alary		Category/ Type 001		M 11 /	29 / Y	2014 Y
Na	ame of Federal Candidate		Support	Office Soug	ght:	House Dist	rict:00
M	ls. Mary L Landrieu		X Oppose	Presi	dent X	Senate Sta	ate: LA
	Calendar Year-To-Date Per Election for Office Sought	, 4	95621.84	Disburseme 2014	ent For: Other (speci		X General
	Ill Name of Payee			Date	e of Public D	Distribution/Diss	semination
	rancis Richardson				M M /	29 / Y	2014
М	ailing Address 220 Doucet Rd					20	2011
				Amo	ount		
Ci	ity	State	Zip Code				1.32
	afayette	LA	70503	Trans Date	saction ID :	e8edf277-065f ement or Oblig	-446e-8 pation
	urpose of Expenditure //ileage		Category/ Type 002		11 /	29	2014
Na	ame of Federal Candidate		Support	Office Sou	ght:	House Dist	rict:00
M	ls. Mary L Landrieu		X Oppose	Pres	dent X	_	ate: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	495621.84	Disburseme 2014	ent For: Other (spec	Primary	X General
(a)	SUBTOTAL of Itemized Independent Expenditures	i		·· •	7	7-	21.32
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		-			
(c)	TOTAL Independent Expenditures			· •		7	
with	der penalty of perjury I certify that the independen n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	e 12	01	2014	Y
	Signature						

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y = Y = Y = Y
П	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Evelyn Lesaicherre	М	11	29	2014
	Mailing Address 629 Radiance Ave	Amou	nt		
	City State Zip Code				80.00
	Metairie LA 70001			ID: f4c3b8fd- oursement or C	·2ffe-4937-b
	Purpose of Expenditure Salary Category/ Type 001		11	29	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	irsemen		Primary specify) ▶	General
	Full Name of Payee Evelyn Lesaicherre			olic Distribution	/Dissemination
	Mailing Address 629 Radiance Ave	Amou	11 nt	29	2014
	City State Zip Code		_		3.60
	Metairie LA 70001			ID: 8fd49f1c-5 bursement or 0	327-44e7-9
	Purpose of Expenditure Mileage Category/ Type 002	_	11 M	/ 29 /	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	K General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7		83.60
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			F 1 7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	2 /	01	201	4 Y
	Signature		_		

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Schedule E)		PAGE 10 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination
Mailing Address 1117 Clipper Dr		11 29 2014 Amount
Chatch	7:- Codo	12.00
City State Slidell LA	Zip Code 70458	13.00 Transaction ID: 42a08e6f-05eb-499b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 29 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	495621.84 Dis 201	sbursement For: Primary
Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination 11 29 2014
Mailing Address 1117 Clipper Dr		Amount
City State	e Zip Code	5.58
Slidell LA	70458	Transaction ID: 155f417c-fe67-4a98-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 29 / Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	495621.84 Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		18.58
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	_	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)		PAGE 11 OF 34 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC		C C00530766						
Check if 24-hour report 48-hour report New report Amends report filed on								
Full Name of Payee Taylor De Julian-Hernandez		Date of Public Distribution/Dissemination						
Mailing Address 284 Cr 1401		11 29 2014 Amount						
City State	Zip Code	80.00						
Carthage TX	75633	Transaction ID : 05aa8bfc-f029-428d-9 Date of Disbursement or Obligation						
Purpose of Expenditure Salary	Category/ Type 001	11 29 / 2014						
Name of Federal Candidate	Support Of	fice Sought: House District: 00						
Ms. Mary L Landrieu	X Oppose	President State: LA						
Calendar Year-To-Date Per Election for Office Sought	495621.84 Di	sbursement For: Primary						
Full Name of Payee Taylor De Julian-Hernandez		Date of Public Distribution/Dissemination						
Mailing Address 284 Cr 1401		11 29 2014 Amount						
01.	7'- 0-1-	5100						
City State Carthage TX	Zip Code 75633	51.00 Transaction ID: 9dbba939-02eb-444e-b Date of Disbursement or Obligation						
Purpose of Expenditure Mileage	Category/ Type 002	11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate	Support Of	ffice Sought: House District: 00						
Ms. Mary L Landrieu	Oppose [President Senate State: LA						
Calendar Year-To-Date Per Election for Office Sought		sbursement For:						
(a) SUBTOTAL of Itemized Independent Expenditures		131.00						
(b) SUBTOTAL of Unitemized Independent Expenditures	······							
(c) TOTAL Independent Expenditures	······································							
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.								
Ms. Emily Buchanan [Electron	nically Filed] Date	12 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						

Schedule E)				PAGE 12 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = M	c Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	29 2014
City	State	Zip Code		90.00
New Orleans	LA	70116		ID: a8e7f2ec-38f3-4742-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	195621.84	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Tammay Williams			M = M 11	29 / 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		12.00
New Orleans	LA	70116		D: 91cf376b-7623-4544-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	495621.84	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	102.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· ·	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 01	2014

Schedule E)	LINDENT EXPENDI	TOTILS	PAGE FOR SI	13 OF 34 E OF FORM 24/48
NAME OF COMMITTEE (In Full)				CATION NUMBER ▼
Women Speak Out PAC			C C005307	
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on M M / D D	/
Full Name of Payee			Date of Public Distribu	ution/Dissemination
Jeanne Tribou			11 / 29	/ Y Y Y Y Y Y 2014
Mailing Address 22369 Ponderosa Dr.			Amount	2011
City	State	Zip Code		40.00
Mandeville	LA	70471	Transaction ID : 76dd Date of Disbursement	55c2-2b77-44eb-8
Purpose of Expenditure Salary		Category/ Type 001	11 / 29	_
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Mary L Landrieu		Oppose	President X Senat	te State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	4	95621.84	Disbursement For: Pring 2014 Other (specify) ▶	mary X General
Full Name of Payee			Date of Public Distribu	ution/Dissemination
Jeanne Tribou			M M / D D	2014
Mailing Address 22369 Ponderosa Dr			Amount	
City	State	Zip Code		8.10
Mandeville	LA	70471	Transaction ID : dc241 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	11 / 29	2014
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Ms. Mary L Landrieu		Oppose	President X Sena	te State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement For: Pri 2014 Other (specify)	mary X General
(a) SUBTOTAL of Itemized Independent	Expenditures		•	48.10
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	12 / 01 / Y	2014 Y

Schedule E)	11 =/ =	1101120		PAGE 14 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Cynthia N Schmit			М	
Mailing Address 2226 Taft Circle Apt 1			Amount	1 29 2014
City	State	Zip Code		25.00
Winchester	VA	22601		ction ID : 3f93f216-1a4f-4c5c-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	1 29 7 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee Jennifer F Gilbert			М	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 180 McNeil Steep Hollow Rd			Amount	
City	State	Zip Code		80.00
Carriere	MS	39426		tion ID : b0eefcb7-05ed-4628-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		1 29 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	495621.84	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			105.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· -	4 4
(c) TOTAL Independent Expenditures			•	444
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date		01 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	led on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Jennifer F Gilbert	11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 180 McNeil Steep Hollow Rd	Amount
City State Zip Code	39.30
Carriere MS 39426	Transaction ID: 8adfc5c9-da2e-444b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Odioridal Todi To Dato	sbursement For: Primary General
5 11 11 15	Other (specify)
Full Name of Payee Hannah J Landry	Date of Public Distribution/Dissemination
Mailing Address 1110 N Coolidge	Amount
City State Zip Code	40.00
Gonzales LA 70737	Transaction ID: 18f17afb-21ed-4236-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 29 2014
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	79.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	12 01 2014
Signature	

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OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report fi	led on Man / Dad / Yayayay
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination
,		11 29 2014
Mailing Address 1110 N Coolidge		Amount
City	State Zip Code	35.40
Gonzales	LA 70737	Transaction ID: 4f79e0d0-f713-421f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 29 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
Full Name of Payee Windy Hageman	<u>'</u>	Date of Public Distribution/Dissemination
Mailing Address 5521 Randolph St.		Amount
City	State Zip Code	55.00
Marrero	LA 70072	Transaction ID: 757be6c9-0a63-4391-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	S	90.40
(b) SUBTOTAL of Unitemized Independent Expendit	ures	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized committee or agent of ei	
Ms. Emily Buchanan Signature	[Electronically Filed] Date	12 01 2014
Signaturo		

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OF

Schedule E)	1 L /(1 L /(2 .	101120		PAGE 17 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y T Y T Y
Full Name of Payee Windy Hageman				f Public Distribution/Dissemination
Mailing Address 5521 Randolph St.			Amoun	11 29 2014 t
City	State	Zip Code		13.80
Marrero	LA	70072		ction ID : 32cffd34-8d51-45c8-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 29 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	4	95621.84	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Alice K Salazar				11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St			Amoun	
City	State	Zip Code		100.00
Marshall	TX	75633	Transac Date o	ction ID : 1baadc5d-4e55-4567-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 29 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	T T	495621.84	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			113.80
				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	12	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)		1101120		PAGE 18 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of I	Public Distribution/Dissemination
Alice K Salazar			Date of F	M / D D / Y Y Y Y
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		80.40
Marshall	TX	75633		tion ID: 0c3e81e2-7137-4134-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Ana L Esquivel			M 11	
Mailing Address 284 Cr 1401				23 2017
			Amount	
City	State	Zip Code	-	90.00
Carthage	TX	75633		ion ID : c013c36f-de61-4b19-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	495621.84	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
				170,10
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	170.40
(b) SUBTOTAL of Unitemized Independent Expendi	tures	······	· •	49-11-49-11-49-1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		01 2014
Signature		_		

Schedule E)	1 6/11 6/12			PAGE 19 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Ana L Esquivel			M = N	
Mailing Address 284 Cr 1401			Amount	29 2014
City	State	Zip Code		50.10
Carthage	TX	75633		ion ID : 4a78d5e2-5ba3-40b9-b bisbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	495621.84	Disbursement Fo	or: Primary X General r (specify) ▶
Full Name of Payee Hilary Townsend			Date of F	Public Distribution/Dissemination
Mailing Address 4506 US Hwy 79 North			Amount	
City	State	Zip Code		80.00
Deberry	TX	75639	Transaction Date of D	on ID: 38457c8e-e089-4325-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	495621.84	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expenditure	es		-	130.10
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	12 / 0	01
Signature				

				FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)		FEC II	DENTIFICATIO	ON NUMBER ▼
VVor	men Speak Out PAC		С	C00530766	
Check	if X 24-hour report 48-hour report New report Amends report f	iled on	= M	/ D D /	Y = Y = Y = Y
	III Name of Payee	Date of	of Publi	ic Distribution/	Dissemination
	filary Townsend	M	11 ^M	/ 29 /	2014
Ma	ailing Address 4506 US Hwy 79 North	Amou	nt		
Cit	ty State Zip Code				69.00
	eberry TX 75639	Trans Date of	action of Disb	ID: 5ce521d5 oursement or C	-dc64-4f5f-8
	Irpose of Expenditure Category/ Type 002		11	29	2014
Na	ame of Federal Candidate Support C	ffice Sough	t:	House	District:00
М	s. Mary L Landrieu Oppose	Preside	_	Senate	State: LA
	Odioridai Todi To Dato	isbursemen 014 O		Primary pecify) ▶	X General
Fu	ıll Name of Payee			lic Distribution/	Dissemination
	Cathy Longtin	Date	11	/ 100 / 29	2014
Ma	ailing Address 827 Navavre Ave	Amou		20	2014
Cit	ty State Zip Code	- [40.00
	lew Orleans LA 70124			ID: 5b8da113- oursement or C	f2d7-40f9-a
	urpose of Expenditure calary Category/ Type 001		11	29	2014
Na	ame of Federal Candidate Support C	Office Sough	ıt:	House	District: 00
М	ls. Mary L Landrieu Oppose	Preside	ent [X Senate	State: LA
		isbursemen 014 O		Primary	X General
(a)	SUBTOTAL of Itemized Independent Expenditures			7	109.00
(b)	SUBTOTAL of Unitemized Independent Expenditures		1 7		
(c)	TOTAL Independent Expenditures	. [- 7	1 1 7	
with	der penalty of perjury I certify that the independent expenditures reported herein were not a, or at the request or suggestion of, any candidate or authorized committee or agent of ety committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M M /	01	201	4
,	Signature				

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OF

	- - ,			FOR SE O	FORM 24/48
	COMMITTEE (In Full)	F	EC I	IDENTIFICATI	ON NUMBER ▼
vvome	n Speak Out PAC		С	C00530766	
Check if	24-hour report 48-hour report New report Amends report filed on	М	M	/ D = D /	Y = Y = Y = Y
		ate of	Publ	lic Distribution	/Dissemination
	ny Longtin		М 11	/ 29 /	2014
Mailing	Address 827 Navavre Ave	mount	t		
City	State Zip Code				6.00
1	Drleans LA 70124 Ti			ID: 1c3ec8d	5-dd13-4de0-8
Purpos Mileas	e of Expenditure	M	М 11	29	2014
Name	of Federal Candidate Support Office So	ought:		House	District:00
Ms. M	ary Landrieu	esiden	nt [X Senate	State: LA
	alendar Year-To-Date Disburse 2014 2014	7		Primary	y X General
	me of Payee D	ate of			n/Dissemination
Mailing	Address 2046 Perrin St Apt C	1 mount	11 t	29	2014
City	State Zip Code	-			110.00
Shrev	eport LA 71101 Tra			ID : fe804bfe- oursement or	2ebe-4023-a
Purpos	e of Expenditure	M	M 11	29	2014
Name	of Federal Candidate Support Office So	ought:		House	District:00
Ms. M	ary L Landrieu Oppose Pri	esider	nt	X Senate	State: LA
	Disburse 2014 Disburse 2014	_		Primar	y General
(a) SUI	STOTAL of Itemized Independent Expenditures			7	116.00
(b) SUI	STOTAL of Unitemized Independent Expenditures		-7	- 1 - 3	
(c) TO	AL Independent Expenditures			1 7	
with, or	enalty of perjury I certify that the independent expenditures reported herein were not made at the request or suggestion of, any candidate or authorized committee or agent of either, or mmittee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 12	/	01	20	Y Y 14
Sign	ature				

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Schedule E)	I EXI END			PAGE 22 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Julia Perry			М	
Mailing Address 2046 Perrin St Apt C			1 Amount	1 29 2014
City	State	Zip Code		10.50
Shreveport	LA	71101		ction ID : e9ef4f29-f692-4211-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	495621.84	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Laura U Logie			М	Public Distribution/Dissemination
Mailing Address 2565 Shire Circle			Amount	1 29 2014
City	State	Zip Code		40.00
Harrisonburg	VA	22801		tion ID : a03ea4c6-1479-4ff7-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		1 29 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	495621.84	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	əs		· []	50.50
(b) SUBTOTAL of Unitemized Independent Expendit	tures			4 1 4 1 4
(c) TOTAL Independent Expenditures			•	4-14-14-1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		01 2014
Signature				

Schedule E)	IN EXILINE	TI OTILO		PAGE 23 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Lilly Green			M = M	
Mailing Address 205 Medallion Circle			Amount	29 2014
City	State	Zip Code	— —	80.00
Shreveport	LA	71119		on ID : 6ad030d7-6bbc-4a1a-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	29 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement Fo 2014 Other	r:
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Lilly Green			M = M	29 / 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		59.10
Shreveport	LA	71119		n ID : 63b0ecb9-1561-44bf-b isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 M	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expendent	tures			139.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures				4 4 4
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date		11 2014
Signature				

	nedule E)	EXI END	TOTIES		PAGE 24 OF 34 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Т	Full Name of Payee			Date	of Public Distribution/Dissemination
	Gregory Green			[11 29 / 2014
	Mailing Address 2506 Bolch Street			Amo	unt
ŀ	City	State	Zip Code	$-\Gamma$	80.00
	Shreveport	LA	71104		saction ID: 0745ec4d-cc47-4995-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001] [11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	lent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, 4	95621.84	Disburseme 2014	nt For:
Γ	Full Name of Payee			Date	of Public Distribution/Dissemination
	Gregory Green			[11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2506 Bolch Street			Amo	unt
ŀ	City	State	Zip Code	— I	57.30
	Shreveport	LA	71104		action ID: 040c3936-f8df-448f-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002] [11 / 29 / 2014
ľ	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
L	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	495621.84	Disburseme	nt For: Primary X General Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	S			137.30
					7 7 7
(I	b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7 7
(0	c) TOTAL Independent Expenditures			•	
W	nder penalty of perjury I certify that the independer ith, or at the request or suggestion of, any candidat arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12	01 / 2014
	ga.u.o				

Schedule E)	VI EXI END	ITOTILO		PAGE 25 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Eva M Johnston				11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2517 N 47th St			Amoun	t
City	State	Zip Code		20.00
Milwaukee	WI	53210		ction ID: 72b8064e-01ec-41ef-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 29 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	495621.84	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
Full Name of Payee			Date o	f Public Distribution/Dissemination
Theresa a Youngblood				11 29 2014
Mailing Address 102 S Main Street Apt A2			Amoun	
City	State	Zip Code		120.00
Berryville	VA	22611		tion ID : 94db0f3d-a551-45b9-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 29 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	495621.84	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res			140.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

			FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FE	EC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	(C C00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M	M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of I	Public Distribution/Dissemination
	Timothy Foley	M 11	
	Mailing Address 20679 Glenbrook Terrace	Amount	
-	City State Zip Code		30.00
	Sterling VA 20165		ction ID : 3dc4504b-8537-4ec4-8 Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 11	
Ī	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms Mary Llandrieu	President	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement F	For: Primary General er (specify) ▶
H	Full Name of Payee		Public Distribution/Dissemination
١	Felicia A Jones		M / D D / Y Y Y Y
	Mailing Address 4106 Martha St	Amount	
H	City State Zip Code		80.00
	,		iion ID : b4ce42d3-699d-491c-8 Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 11	M / D D / Y Y Y Y
Г	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Mary L Landrieu Oppose	President	t X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014		For: Primary X General er (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		110.00
(k	s) SUBTOTAL of Unitemized Independent Expenditures		7.1.7.1.5.1
(0	e) TOTAL Independent Expenditures		4 1 4 1 4
W	nder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 12	2 / D	01 2014
	Signature		

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OF

Schedule E)	W. EXI END			PAGE 27 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Felicia A Jones				Public Distribution/Dissemination
Mailing Address 4106 Martha St			M 11	
			Amount	
City Shreveport	State LA	Zip Code 71109		11.10 tion ID : e539106f-26e3-4b3d-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of I	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee Christopher Marquess			Date of	
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		on ID : 15703b52-a996-4dfc-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	495621.84	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		·	61.10
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		01 2014
Signature				

Schedule E)	DENT EXTEND	TOTILO	<u> </u>	PAGE 28 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if X 24-hour report 48-hour repo	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Christopher Marquess			M = M /	Distribution/Dissemination
Mailing Address 110 W Pecan St			Amount	29 2014
City	State	Zin Codo		37.20
Ville Platte	LA	Zip Code 70586		: bc36cdb9-8627-470c-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		195621.84	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christine Stevens			11 /	29 / 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		120.00
Winchester	VA	22602		bc13f6fa-6db7-42d9-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	157.20
(b) SUBTOTAL of Unitemized Independent E.	penditures			7
(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the indwith, or at the request or suggestion of, any oparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 01	2014
- 9				

Schedule E)				PAGE 29 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	≺ New repo	ort Amends repo	ort filed o	n
Full Name of Payee Jazmine d Conner			1	Date of Public Distribution/Dissemination
Mailing Address 100 ASBURY CT				11 29 2014 Amount
City	ate	Zip Code		120.00
	/A	22602	I	Transaction ID : 8c3c7388-6997-4959-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office S	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	. 4	95621.84	Disburs 2014	ement For:
Full Name of Payee				Date of Public Distribution/Dissemination
Jon E Conner				11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct				Amount
City St	ate	Zip Code		120.00
	VΑ	22602		ransaction ID : b43fbb83-b5ed-4f5b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 29 / 2014
Name of Federal Candidate		Support	Office S	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	F	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				240.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·		.	
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its agei	r authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	e 12	01 2014

Schedule E)	PAGE 30 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Rodney O Culbreath	olic Distribution/Dissemination
Mailing Address 100 Asbury Ct Amount	29 2014
City State Zip Code	120.00
Winchester VA 22602 Transaction	n ID : 8e32a089-b7f2-4854-b bursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 11	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary ⊠ General specify) ▶
Rodney D Culbreth	plic Distribution/Dissemination
Mailing Address 100 Asbury CT Amount	29 2014
3200 Dam Neck Rd	
	120.00 ID : bc17bb82-5b6b-4a3c-8
Purpose of Expenditure Salary Category/ Type 001 11	bursement or Obligation / DD D / YD
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	240.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12 01	2014

Schedule E)	11 b /4 b /4	1101120		PAGE 31 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Rze Culbreath			M	
Mailing Address 100 Asbury Ct			Amount	29 2014
City	State	Zip Code		120.00
Winchester	VA	22602		tion ID : 09c58f96-eef3-4a14-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	495621.84	Disbursement F 2014 Othe	or: Primary X General er (specify) ▶
Full Name of Payee Brieshauna M Stevens Mailing Address 1703 Torrey Pines Ct			Date of I	
Cit.	Ctoto	7:n Codo		65.00
City Reston	State VA	Zip Code 20190		65.00 on ID : 0ce3d4a5-b272-4ec5-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	495621.84	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	es		·	185.00
(b) SUBTOTAL of Unitemized Independent Expendi	itures		·	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		01 2014
Signature				

Sche	dule E)	1 6/11 6/12	1101.20		PAGE 32 OF 34 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Il Name of Payee Zachary Vidrine				of Public Distribution/Dissemination
Ма	ailing Address 202 Rue Des Cajun			Amou	11 29 2014 nt
Cit	tv	State	Zip Code	— I.	80.00
	ille Platte	LA	70586		action ID : fcacc14b-65d8-44ed-a of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	М	11 29 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
Ms	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	4	195621.84	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	III Name of Payee Cachary Vidrine				of Public Distribution/Dissemination
Ma	ailing Address 202 Rue Des Cajun			Amou	11 29 2014 nt
Cit	tv	State	Zip Code		21.60
	ille Platte	LA	70586	Transa Date	ction ID: b5e5072b-6652-485e-8 of Disbursement or Obligation
	urpose of Expenditure fileage		Category/ Type 002		11 29 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
M	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditure	·S			101.60
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		· •	7 1 7 1 7 1
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7
with	ler penalty of perjury I certify that the independe , or at the request or suggestion of, any candida cy committee) any political party committee or its	te or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	12	01 2014
5	Signature				

,							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak	Out PAC					С	C00530766	
Check if 24-hour re	eport 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M	/ D = D /	Y = Y = Y
Full Name of Payer					Da	te of Pub	olic Distribution/	/Dissemination
Michael Vidri						M M M	/ 29 /	2014
Mailing Address 11	03 West Wilson Street				An	nount		
City		State	Zip Code		-			70.00
Ville Platte		LA	70586				n ID : 40ab9078 bursement or C	
Purpose of Expend Salary	ture		Category/ Type	001		11	29	2014
Name of Federal C	andidate			Support	Office So	ught:	House	District: 00
Ms. Mary L Landrie	u		X	Oppose	Pre	sident	X Senate	State: LA
Calendar Year- Per Election fo	To-Date r Office Sought	4	95621.84		Disbursen 2014	1	Primary specify) ▶	General
Full Name of Payer							blic Distribution	/Dissemination
Michael Vidrir					Da	11	/ Distribution/	2014
Mailing Address	1103 West Wilson Street				An	nount		
City		State	Zip Code					32.40
Ville Platte		LA	70586				ID: 89be3f12- sbursement or 0	
Purpose of Expend Mileage	iture		Category/ Type	002		11	29	2014
Name of Federal C	andidate			Support	Office So	ught:	House	District:00
Ms. Mary L Landrie	u		X	Oppose	Pre	sident	X Senate	State: LA
Calendar Year- Per Election fo	To-Date r Office Sought	7 1 7	495621.8	4	Disburser 2014	1	Primary	General
(a) SUBTOTAL of It	emized Independent Expenditure	es			. •			102.40
(b) SUBTOTAL of U	nitemized Independent Expendi	tures					7 7	
(c) TOTAL Independ	ent Expenditures				•		77-	
with, or at the reque	jury I certify that the independent of or suggestion of, any candidate political party committee or its	ate or authorized						
	ly Buchanan	[Electroni	ically Filed]	Date	12	/ D 01	D / Y Y 201	
Signature								

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OF

Schedule E)		II OILEO		PAGE 34 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee ERIC TABARY				Public Distribution/Dissemination
Mailing Address 6101 NORA ST				1 28 2014
			Amount	
City	State	Zip Code		70.00
METAIRIE	LA	70003		ction ID: d8f4a23d-babc-4443-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	1 28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement 2014 Oth	For: Primary General er (specify)
Full Name of Payee				Public Distribution/Dissemination
ERIC TABARY			M	M / D D / Y Y Y Y
Mailing Address 6101 NORA ST			─ │ └	1 28 2014
			Amount	t
City	State	Zip Code		1.80
METAIRIE	LA	70003	Transac Date of	tion ID : f9f6d5b4-762e-4afd-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	1 28 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		495621.84	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	tures		•	71.80
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	711717
(c) TOTAL Independent Expenditures			•	3593.06
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	12	01 2014
Signature				